## **Bay County Environmental Health Division** 1212 Washington Avenue, Bay City, Michigan - (989) 895-4006

## **Food Service License Change of Ownership**

Fee For License Transfer/Change of Own	ership: \$230.75 RECEIPT #
Date Submitted:	Check #
Applicant's Name:	
Address:	//////
Telephone: Home#:	Work#:
ESTABLIS	HMENT INFORMATION
Current Name of Establishment:	
Establishment Address:	
City:Zip Code:	Township <u>:</u>
Establishment License Number:	
Current Owner's Name:	Telephone#:
Buyer's Name (if different from Applicant):	Telephone#:
Proposed New Name of Establishment:	
*FOR HEALTH	DEPARTMENT USE ONLY*
Pre-Opening Inspection Date:	
☐ Establishment is in Substantial Complia	ance with the Food Law of 2000
	ompliance with the Food Law of 2000. A Follow-Up
Inspection must be conducted prior to c ☐ Establishment to be remodeled	opening.
☐ Plans submitted to Bay County Health	Department
	,
 Sanitarian Signature	/ Date